



Department of Veterans Affairs

VA Form 21-526, Part C: Dependency

Use this form to tell us more about your dependents. Remember that you must also fill out a VA Form 21-526, Part A, General Information, Part B and/or Part D, for your application to be processed. Be sure to write your name and Social Security number in the space provided on page 3.

SECTION I Tell us about your marriage

NOTE: You should provide a copy of your marriage certificate

1. What is your marital status?

☐ Married ☐ Surviving Spouse ☐ Divorced ☐ Never married

(If your spouse died, you are "divorced," or "never married" skip to Section III beginning on page 2)

2. When were you married?

____/____/____
month day year

3. Where did you get married?

(city/state or country)

4. What is your spouse's name?

First Middle Last

5. What is your spouse's birthday?

____/____/____
month day year

6. What is your spouse's Social Security number?

7a. Is your spouse also a veteran?

☐ Yes ☐ No

(If "Yes," answer Item 7b also)

7b. What is your spouse's VA file number (If any)?

8. Do you live with your spouse?

☐ Yes *(If "Yes," go to Item 12)*

☐ No *(If "No," go to Item 9)*

9. What is your spouse's address?

Street address, rural route, or P.O. Box Apt. number

City State Zip code Country

10. Tell us why you are not living with your spouse

11. How much do you contribute monthly

\$ _____.

12. How were you married?

a. ☐ Ceremony by a clergyman or other authorized public official

c. ☐ Tribal

d. ☐ Proxy

b. ☐ Common-law

e. ☐ Other *(please describe in the space below)*

SECTION II Tell us about any previous marriages

NOTE: You should provide copies of divorce decrees or death certificates

In the table below, tell us about:

- our previous marriages, and
- our spouse's previous marriages

Your previous marriages

13a. How many times have you been married before? _____

13b. When were you married?	13c. Where were you married? (city/state or country)	13d. Who were you married to?	13e. When did your marriage end?	13f. Why did your marriage end? (death, divorce)	13g. Where did your marriage end? (city/state or country)
____/____/____ mo day yr			____/____/____ mo day yr		
____/____/____ mo day yr			____/____/____ mo day yr		

Your spouse's previous marriages

14a. How many times has your current spouse been married before? _____

14b. When was your spouse married?	14c. Where was your spouse married? (city/state or country)	14d. Who was your spouse married to?	14e. When did your spouse's marriage end?	14f. Why did your spouse's marriage end? (death, divorce)	14g. Where did your spouse's marriage end? (city/state or country)
____/____/____ mo day yr			____/____/____ mo day yr		
____/____/____ mo day yr			____/____/____ mo day yr		

SECTION III Tell us about your other dependents

In this section we want to know whether your parents are financially dependent on you (Question 15) and more about your **dependent children**. VA may recognize a veteran's biological children, adopted children, and stepchildren as dependent. These children must be unmarried and:

- be under the age of 18, **or**
- be at least 18 but under 23 and pursuing an approved course of education, **or**
- have become permanently unable to support themselves before reaching the age of 18.

You should provide:
a copy of the public
record of birth for
each child or a copy
of the court record of
adoption for each
adopted child.

15. Are your parents financially dependent on you?

☐ Yes ☐ No (If "Yes," we will request additional information from you later)

16. Do you have dependent children?

☐ Yes

(If "No," Skip Items 17-21f). Go to the bottom of page 3 and write your name and Social Security number)

☐ No

17. How many dependent children do you have?

Give us more information about these children in the tables on the next page (Items 18 through 21f)

SECTION III**Tell us about your dependents (continued)**

18a. What is the name of your unmarried child? (first, middle initial, last)	18b. Date and place of birth	18c. Social Security Number	19a. Biological	19b. Adopted	19c. Stepchild	20a. 18-23 yrs. old and in school	20b. Seriously disabled before age 18	20c. Child previously married
	<div>mo day yr</div> <div>Place:</div>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<div>mo day yr</div> <div>Place:</div>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<div>mo day yr</div> <div>Place:</div>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<div>mo day yr</div> <div>Place:</div>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tell us about your dependents listed above who *don't* live with you**21a.** Do all the children listed above live with you?☐ Yes(If "Yes," skip Items **21b** thru **21f** and write your name and Social Security number below)☐ No(If "No," complete Item **21b** and the table below (Items **21c** -**21f**) and write your name and Social Security number below)**21b.** How many of the children do not live with you?

21c. What is the name of your child? (first, middle initial, last)	21d. What is your child's complete address?	21e. What is the name of the person your child lives with (If applicable)?	21f. How much do you contribute each month to the support of your child?
			\$.
			\$.
			\$.
			\$.

Your name**Your Social Security Number**